

THE GEORGIA STATE BOARD OF COSMETOLOGY
237 COLISEUM DRIVE
MACON, GEORGIA 31217
TELEPHONE: 478-207-2440
WWW.SOS.STATE.GA.US

DUPLICATE APPLICATION FOR COSMETOLOGY SALON OR SCHOOL

Duplicate Licenses are issued to licensees for a **lost or stolen** License only. **Please note that a change of a business name, address/location, or ownership requires a new application.**

I, _____, hereby make application for a duplicate license.
Enclosed is the appropriate fee of \$25 for the duplicate license. The payment of the fee may be made either by check or money order payable to the Georgia State Board of Cosmetology. **DO NOT SEND CASH OR COUNTER CHECKS.** Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. § 16-9-20.

NAME OF SALON OR SCHOOL AS REGISTERED BY BOARD:

PHYSICAL ADDRESS:

MAILING ADDRESS:

Number and Street Apt./No.

Number and Street Apt./No. or P.O. Box

City/State

Zip Code

City/State

Zip Code

LICENSE NUMBER OF SALON/SHOP OR SCHOOL _____

EXPIRATION DATE _____

TYPE OF LICENSE (CHECK ONE):

() Cosmetology Salon
Duplicate \$25.00

() Cosmetology / Nail Tech / Esthetician / Hair Design School
Duplicate. \$25.00

AFFIDAVIT AND NOTARIZATION:

The undersigned being duly sworn, upon his/her oath, deposes and states he/she is the person making the foregoing statement(s) and that they are true and in good faith.

Signature of Owner

Printed Name of Owner

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature

My commission expires: _____.

Notary Seal

Revised 7/08